



"Psychology Works" Fact Sheet: Eating Disorders

What are eating disorders?

Eating disorders are serious illnesses comprised of physical and cognitive symptoms that can have profound consequences for an individual's overall health and quality of life. The eating disorders include bulimia nervosa, anorexia nervosa, binge eating disorder, and other specified feeding and eating disorder. Eating disorders affect both men and women but are mostly diagnosed in women. They often develop during adolescence but may emerge at any point across the lifespan. Bulimia nervosa occurs in 1% to 3% and anorexia nervosa in 0.3% to 1% of Canadian women. It has also been reported that 3% of the population has binge eating disorder and impacts men and women at similar rates. According to the Public Health Agency of Canada, approximately 3% of women will be affected by an eating disorder in their lifetime.

Bulimia nervosa is characterized by a cyclical pattern of bingeing and use of compensatory strategies. Bingeing means eating a large amount of food in a brief period and experiencing a sense of loss of control. Compensatory behaviours are strategies to get rid of unwanted calories and include self-induced vomiting, abuse of laxatives, diuretics, excessive exercise, and/or fasting. Individuals with bulimia also experience shape and weight as core determinants of self-esteem.

Anorexia nervosa is characterized by significant weight loss due to restriction of food intake, an extreme fear of gaining weight or becoming fat, feelings of 'fatness', and experience body shape and weight as a core determinant of self-esteem. Some individuals with anorexia nervosa also experience episodes of bingeing and/or use of compensatory behaviours.

Binge eating disorder is characterized by recurrent binge eating. It is differentiated from bulimia nervosa by the absence of compensatory behaviours. Individuals with binge eating disorder commonly report dieting between binge episodes. This dieting behaviour is markedly different from the fasting/extreme dietary restriction frequently observed in bulimia nervosa.

Other specified feeding and eating disorder (OSFED) is a final category of the eating disorders that includes individuals who do not meet the full criteria of all the aforementioned feeding and eating disorders, yet still exhibit life interfering symptoms.

Feeding disorders

Feeding disorders also impair physical health and cognitive functioning but are disturbances to eating-related behaviours. The Feeding disorders include pica, rumination disorder, and avoidant/restrictive food intake disorder.

Pica is characterized by the persistent eating of non-nutritive food and non-food substances. Onset of pica is most commonly observed in childhood, however it may also develop in adolescence and





adulthood. The ingestion of non-nutritive food is not related to weight control efforts, as in anorexia nervosa.

Rumination disorder is characterized by the repeated regurgitation of food that may be re-chewed, re-swallowed, or spit out. Rumination disorder occurs at all ages (3 months through adulthood). The behaviour is not associated with a concern of body shape or weight control efforts.

Avoidant/restrictive food intake disorder (ARFID) is characterized by an aversive sensory experience of eating or the effects of eating, leading to a lack of interest or avoidance of food. Significant weight loss and/or nutritional deficiency are key features of ARFID. Unlike anorexia nervosa, in ARFID the avoidance of food is not related to body shape and weight concerns.

What psychological approaches are used to treat the eating disorders?

Eating disorder behaviours typically occur when an underlying struggle (e.g., emotional, interpersonal, or life challenge) exceeds an individual's capacity to cope. As such, despite severe health consequences, eating disorder behaviours can serve a valued function in the individual's life; they may enhance self-esteem, be a means of communication, address a need for control, or provide a way to avoid painful emotions. As a result, ambivalence regarding change is common. It is therefore essential that the treatment approach explores the underpinnings of the illness and is matched to the individual's readiness for change.

Treatment may be individual or group-based and can occur in outpatient or inpatient/residential settings. Effective ED treatments address motivational issues and provide skills that support behaviour change (i.e., weight gain, cessation of bingeing and purging). For instance, these therapies help patients examine the costs and benefits of change, explore the functional role of the ED, teach distress tolerance skills, and assertiveness training. Therapies that have received the greatest empirical support include Cognitive Behavioural Therapy (CBT), Interpersonal therapy (IPT), Dialectical behaviour therapy (DBT), and Family Based therapy (FBT).

In CBT the focus is on relations among thoughts, feelings, and behaviours that contribute to disordered eating. In IPT the focus is on improving relationships and social functioning in an effort to reduce problematic eating behaviours. In DBT patients learn skills in mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness. Family approaches such as FBT focus on assisting the family to work together in overcoming the eating disorder.

How effective are psychological methods of treating eating disorders?

The treatment that has received the greatest empirical support for bulimia nervosa and BED is CBT. Research investigating the best treatments for anorexia nervosa is ongoing. A comprehensive approach that addresses motivational issues, weight restoration, and underlying psychological issues is recommended. Family therapy has been shown to be a critical treatment component for younger clients.





You can consult with a registered psychologist to find out if psychological interventions might be of help to you. Provincial, territorial and some municipal associations of psychology often maintain referral services. For the names and coordinates of provincial and territorial associations of psychology, go to <https://cpa.ca/public/whatisapsychologist/PTassociations/>.

This fact sheet has been prepared for the Canadian Psychological Association by:

Dr. Josie Geller, Director of Research, Eating Disorders Program; Associate Professor, Department of Psychiatry, UBC.

Megumi Iyar, Doctoral student, Clinical psychology, University of British Columbia- Okanagan

Joanna Zelichowska, MA RCC, Eating Disorders Therapist, Vancouver BC

Lindsay Samson, Research Coordinator, Eating Disorders Program, St. Paul's Hospital.

Revised: July 2019

Your opinion matters! Please contact us with any questions or comments about any of the *Psychology Works* Fact Sheets: factsheets@cpa.ca

Canadian Psychological Association
141 Laurier Avenue West, Suite 702
Ottawa, Ontario K1P 5J3
Tel: 613-237-2144
Toll free (in Canada): 1-888-472-0657

